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Testimony of Valerie English Cooper in support of

**H.B. No. 7125 (RAISED) AN ACT CONCERNING PARITY FOR MENTAL HEALTH AND  
SUBSTANCE USE DISORDER BENEFITS, NONQUANTITATIVE TREATMENT  
LIMITATIONS, DRUGS PRESCRIBED FOR THE TREATMENT OF SUBSTANCE USE  
DISORDERS, AND SUBSTANCE ABUSE SERVICES.**

Insurance and Real Estate Committee Hearing, March 5, 2019

Senator Lesser, Representative Scanlon, Senator Hartley, Representative Dathan and esteemed members of the Insurance and Real Estate Committee, my name is Valerie English Cooper and I am a certified Mental Health First Aid instructor and a registered voter in Washington, CT.

Thank you for the opportunity to offer my support of House Bill 7125 and expanded parity between mental health and physical illness in access to care, evidence-based treatment, and preventive programs and practices.

I am in a somewhat unique position of hearing the stories of over 2,000 Connecticut residents during Mental Health First Aid\* trainings held from September 2015 to October, 2018 as part of SAMHSA's\*\* nationwide Project AWARE Community grant. The goal of the grant was simple. Make Mental Health First Aid as common as CPR/First Aid in communities. And stated another way, to achieve parity between first aid for mental health and physical health problems in our communities.

I've come here today with a summary of needs expressed by those 2,000 voices.

One in five Americans (adolescents and adults) has a mental health disorder in any given year; over the course of our lifetime, half of us will experience a disruptive mental health problem.

We have a long way to go to reach parity between support for mental and physical health in Connecticut.

In Connecticut, access to care is one of the greatest impediments to recovery for a mental health disorder. Mental health (MH) treatment is inaccessible because masters-level MH professionals are considered specialists. Copays are often \$40 per visit, making therapy out of reach for many people. Even without copays, high deductibles would force people to pay \$100+ per week until their deductible is met. For chest pains or a broken leg, Connecticut citizens seek help, despite that deductible. But at \$400/month, people do not seek help for mental health problems such as anxiety or depression. The median delay from onset of symptoms to receiving professional help for a mental

health problem is 10 years. Imagine the consequences of ignoring chest pains for ten years. So what are the consequences of waiting so long to address a mental health problem? Sky-rocketing costs and plummeting productivity: Every year, untreated mental health problems cost \$105 billion in lost productivity. The leading cause of hospitalization in Connecticut is mental health crises, a clear indication that people are not getting the help they need in communities. With any illness, early intervention supports an early return to health, yet **Only 40% of adults with a mental health problem get help in any given year. For the most vulnerable population, 16-24 year olds, only 20% are getting the help they need.** Designating Masters-level mental health professionals as primary care providers, with weekly visits for therapy fully covered as preventive care, would 1). increase access to treatment before “stage 4” mental illness develops, 2). reduce hospital costs for mental health crises, and 3). increase workplace productivity by reducing both absenteeism and presenteeism due to mental health problems\*\*\*.

Access to care is not the only reason why Connecticut residents are not getting the help they need. Stigma also gets in the way. Despite the fact that the World Health Organization identifies neuropsychiatric illness as the most impairing category of health problems in North America (more than cardiovascular disease or cancer), with depression as the single most disruptive illness, how often do we hear “just get over it”, or “he’s just lazy” when referring to someone who struggles with depression? Though many people don’t get help because they fear being judged, they *will* seek help if encouraged to do so by people they know and trust. That’s us. Family, friends, colleagues, neighbors.

I encourage the Connecticut General Assembly to mandate parity between mental and physical public health trainings - between Mental Health First Aid and CPR/First Aid. Pursuant to OSHA law and the Mental Health Reform Act of 2016, any business, organization, or association that requires or offers CPR/First Aid to its employees/members should also require or offer Mental Health First Aid.

Suicide rates are increasing in Connecticut: In our state, one person dies by suicide for every day of the year. Anxiety and depression are increasing in children and adolescents. Nationwide, more members of the military, police, and fire departments die by suicide than in service to American citizens. We have a mental health crisis in Connecticut, and we need to address our mental health before it reaches stage 4 (<http://www.mentalhealthamerica.net/b4stage4-philosophy>).

I urge the committee to support House Bill 7125 and provide expanded parity between mental and physical illness in access to care, evidence-based treatment, and preventive programs and practices.

Thank you.

\*Mental Health First Aid - [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)

\* SAMHSA - Substance Abuse and Mental Health Services Administration, a federal agency of the U.S. Department of Health and Human Services.

\*\*\* Almost 11 million American workers have mental health disorders, and one in ten workers has a substance use disorder. 35 Million workdays are lost to mental illness every year.